

Workload and Wellbeing: an insight into the experience of operational staff during Covid-19

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EXECUTIVE SUMMARY

In August and September of this year operational staff within Welsh Local Authority homelessness services were surveyed regarding their workload and wellbeing. 135 members of staff (including 34 support staff) completed the survey Representing 20 Local Authorities. Many spoke of increased demand and pressure in their work often related to the changes in Welsh Government homelessness policy and Guidance. A high proportion stated that work negatively impacted their wellbeing and over half stated that they had considered leaving the role. This report expands on the results of that survey and seeks to share the voices of staff often working in a very challenging and unrewarding environment.

BACKGROUND AND INTRODUCTION

In January 2020 prior to the Covid-19 pandemic the Housing Support Network surveyed all Welsh Local Authorities to ascertain the levels of homelessness caseloads across the country and work with LAs to support them to ensure adequate levels of staffing. At this time the average caseload of a homelessness caseworker was about 45. In May 2021 the same exercise was carried out again and the average caseload across Wales had risen to 55. With the highest reported caseload going from 106 in 2020 to 168 in 2021. Levels of caseloads had risen across almost all LAs and this was accompanied by a growing concern for staff wellbeing as they struggled to cope with an increasing workload on top of the additional pressures associated with working during a pandemic.

This increase in caseloads and the concerns for staff wellbeing prompted The Network to commission a survey of operational staff. The survey sought to identify how staff were coping with these additional pressures and any effects of working during a pandemic. The questions were co-devised by the Network officers and members and a copy of the questionnaire can be found in Appendix 1. The questions focussed on the level of caseload, any perceived increase in this, and the types of cases coming through. It also sought respondents' views on the impacts of the changes to the Code of Guidance since the pandemic. The survey then went on to ask questions around the impacts of these changes on staff wellbeing and job satisfaction. The provision of support for staff was also discussed.

The questionnaire was published bilingually via an online SNAP survey and the link was circulated to Network members with the request to cascade to all staff. The survey remained live throughout August and September and responses were received from 141 people across 21 Local Authorities. The responses were collated, summarised, and presented to the Housing Support Network in October 2021 and the responses are outlined below.

CASELOADS: “3 TIMES WHAT IT SHOULD BE”

90.9% of staff questioned stated that their caseload had gone up during the Covid-19 period. A number of staff said their caseloads were in excess of 100, and that their caseload had doubled or was even ‘3 times what it should be.’ Staff were asked to expand on how their caseload had changed, whether the nature of those cases was changing, and whether they felt they were able to manage this caseload in light of these factors- their responses are detailed in this section.

“Caseload has tripled”

Covid-19: Legislation and lockdown impacts

“Covid-19 meant every applicant was owed homelessness duties if they were homeless or at risk of homelessness”

Regarding the change in legislation, many staff reported that the change to priority need (meaning anyone presenting as homeless is deemed as a ‘priority’), and the ‘everyone in’ approach adopted since March 2020 had caused a large increase in the number of homeless applications, hence the number of cases that staff hold. Some staff also mentioned that clients who had previously had their duty discharged for ‘intentionally losing their interim accommodation’ were able to reapply for help, again increasing the number of cases held by staff. As these clients were often harder to place into settled accommodation due to challenging behaviours, this meant they stayed within staff caseloads for a longer period. This has a further impact on rising caseloads. It should be noted that staff were not claiming that this increased pool of clients did not need or deserve accommodation, but simply that it meant they had more cases assigned to them- one respondent said this change was ‘something I welcome’, but ‘recognise we need more resource to effectively sustain this’.

Many staff highlighted that they were seeing an increase in ‘relationship breakdowns’ due to lockdown, as well as sadly an increase in reports of domestic violence and abuse, meaning more applicants were forced to present as homeless. The government guidance to stay at home and avoid mixing with other households also meant that many people who were sofa-surfing with friends or relatives ‘suddenly found they were not welcome to do so.’

The financial impact of Covid-19, such as job loss and furlough, was also given as a reason for the increase in homeless presentations.

Challenges in the Private Rented Sector (PRS) and social housing

Many staff also felt that their caseloads were so high because they were unable to effectively discharge their duty by finding people settled accommodation. Temporary accommodation was described as ‘extremely scarce’, and the lack of social housing, particularly affordable 1-bed accommodation, was also cited by many. Rising property prices and the break on stamp duty has also led to many private landlords selling their properties, meaning there

“This is a ‘perfect storm’ situation: increased duty with less resources to meet that need”

is less availability in the PRS. What PRS stock there is has become much more sought after and increased in price. The combination of these factors, described by one caseworker as a ‘perfect storm’, has meant that the number of cases has risen and then stayed high.

The Changing Profile of Cases

62.4% of staff said the nature of the cases they deal with had changed over the past 18 months. Among these reasons, the most cited by far was the increase in the 'complexity' of cases, particularly in relation to serious mental health issues and substance use. Some expressed their concerns related to this, stating that they were not 'medically trained' to provide clients with the best mental health support. Staff reported that there were more 'high risk' clients, and that the increase in cases with complex needs meant more issues within temporary accommodation (TA) were likely to arise, further impacting upon workload. The number of presentations due to domestic violence has also increased.

"We have seen a massive rise in cases with mental health issues that we are just not equipped to deal with"

Staff also reported more cases of people coming into the area from other Local Authorities, and with no local connection. The difference in the legislation between Wales and England was also believed to have an impact on this increase.

The number of single people, particularly single men, has also reportedly increased during this time.

Caseload Management

Staff were quite evenly split when asked about whether they felt their caseloads were manageable, with 53.7% of staff saying that their caseload was manageable. Staff reported that support within their teams and from managers was a big part of this, and that they 'communicate when they are at capacity and this is respected' by managers. Some teams also employed more housing officers, which helped to deal with the caseload. Moving from face-to-face interviews to phone call applications had also enabled staff to manage a larger caseload. However, it should be noted that within this 53.7%, several staff said that their caseload was manageable but is at the 'limit' of what was reasonable, or that they simply had to manage their caseload in order to prevent serious harm. Additionally, staff felt that taking annual leave or 'one busy duty day' could tip the balance and make their caseload feel unmanageable.

"Very good support from my team"

"If we don't provide support then we are potentially causing hardship to vulnerable members of the community, it's a must that we keep up with casework"

For the remainder of staff who felt their caseload was not manageable, many responses related to staff only being able to complete 'reactive'

"I know that the service I am providing is not as full and thorough as it had been before"

or 'crisis management' work, rather than working preventatively or being able to provide advice and solutions. One response stated that they have 'reverted to fighting fires', whilst another felt like 'people are forgotten' due to only focusing on emergency situations. Staff expressed their frustration with this way of working, as they couldn't 'do any case work- the very essence of the job', and that they really wanted to be able to help people but simply did not have the resources to be able to. Again it should be stressed that staff were not frustrated by the caseload number itself, as they recognised that many people needed help, but instead were struggling with not being able to give enough attention to each case.

"If I had fewer cases then I would be able to concentrate more on individuals and give more comprehensive advice and assistance"

“In over 25 years in housing I have never known it to be so busy”

Perhaps most worryingly, staff expressed that their caseloads were resulting in high levels of stress and sickness. One response stated that ‘two members of the team have been signed off with stress and anxiety within the last month’, whilst another expressed that their staff were at ‘breaking point’. Staff were keen

to express the detrimental impacts their caseload was having, as one caseworker put it: ‘frankly, it is making me unwell’. It was also noted that as more staff were off with sickness, this had a further damaging impact on the remaining staff, as they simply had more cases to try and cover.

“Officers have worked really hard and longer hours to deliver a service that has been of a very high standard. However, this has been to the detriment of individual officers including myself.”

When asked what their ideal caseload would be, most staff said between 10-40 cases. The results of this question are displayed below in Figure 1.

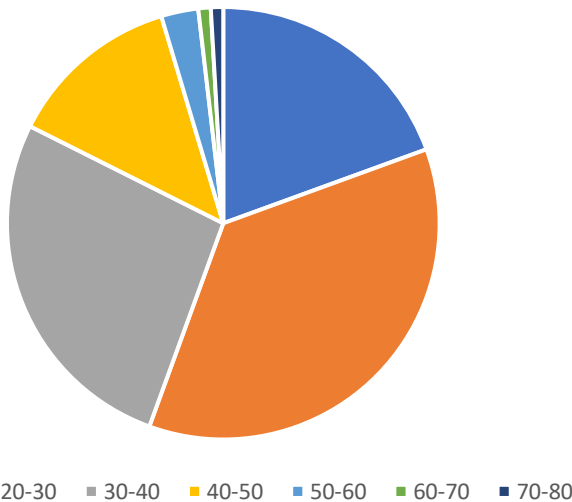


Figure 1: Caseworker views on what their ideal caseload would be

Caseload management across the wider public sector

Very little has been written on caseload levels from a Housing and Homelessness point of view. There have been a few studies from North America, but they are not particularly translatable to a Welsh context. However, caseload management is a bigger area of focus within Social Services, highlighting the difference in culture. Extensive research has gone into working practices, optimal and maximal caseloads for an officer and the time needed for an officer’s supervision including **Caseload Size in Best Practice Case Management (Ministry of Social Development, New Zealand, 2011)**.

Collectively, research indicates recommended caseload sizes range from:

- 20 to 30 cases or more for low intensity services, 10 to 20 cases for moderately intensive services, and five to 10 cases for highly intensive services.
- Several articles highlight that the optimum caseload size should be no more than 15 cases.

- Unsurprisingly, however, the actual caseloads were often not reflective of the optimal caseload size.

The Local Government Association England published their standards for safe workloads and case allocations; **Safe Workloads and Case Allocation (Local Government Association, England, 2020)**, to ensure that employees do not experience excessive workloads and that there are not long waiting times for individuals. There were a number of recommendations but ones of particular relevance to housing include:

1. Using a system that has jointly been agreed by officers and line managers, allocating cases transparently and ensuring safe working levels and ensuring that each officer's workload is regularly assessed, taking account of work complexity, individual worker capacity, and time needed for supervision and CPD.
2. Take contingency action when workload demand exceeds staffing capacity and report regularly to strategic leaders about workload and capacity issues within services
3. Publish information about average caseloads for social workers within the organisation as part of an Officers health check.

There is also some research into caseloads from a probation point of view, **Caseloads, Workloads and Staffing Levels in Probation Services (HM Inspectorate of Probation, England and Wales, 2021)** which explores optimal caseloads and the effects of having a caseload that is unmanageable. This is potentially more relevant to housing officers than the work of social workers due to the level of caseload. This study reported that caseloads of 50+ impair the overall quality of work, whilst 50-60 cases is the consensus maximum caseload. In addition, high workloads lead to stress, anxiety, and sickness.

The research also explored practical ways to help officers manage their caseload beyond recruiting more staff, leading to the following suggestions:

- Creation of administrative service hubs that could relieve practitioners of many support functions and free up time for one-to-one work
- Improved ICT and management of information, facilitating faster access to case information, improving partnership working and avoiding duplication.
- Improved access to accredited programmes and structured interventions, preventing the need for front line workers to make up for gaps in provision with time-consuming and sometimes less effective one-to-one work.
- Improved access to wider services, particularly through co-location and the creation of community hubs, which put the individual at the centre of service provision
- Employ support workers with lived experience, helping to engage with service users.

HOW HAVE THE CHANGES DUE TO COVID-19 IMPACTED OPERATIONAL STAFF?

In March 2020, when Covid-19 restrictions were introduced in the UK, the guidance surrounding the duty to accommodate homeless people changed, to enable people to self-isolate effectively and protect the most vulnerable. Guidance and legislation regarding the workplace also changed, meaning that the majority of staff were instructed to work from home.

Changes to homelessness legislation

89.3% of staff said they were clear on who to assess and place due to the change in Welsh Government (WG) guidance. Many staff commented that this change in guidance resulted in a large increase in the number of people who needed to be accommodated. Several staff also commented on the impact the change has had on the number of 'repeat presentations', meaning that clients with challenging, anti-social behaviour have had a number of placements breakdown or have become 'intentionally homeless', and staff are now struggling to continue to find accommodation for these clients.

Working from home: The Benefits

When asked about the move to homeworking, 73.5% of staff said that the move had been mostly beneficial.

"I am grateful for the flexibility around my children in primary school"

One of the main themes which staff raised when explaining why this move had been beneficial for them were in relation to an improved work-life balance and greater flexibility. Many staff welcomed not commuting every day, describing that they had 'saved money and time' because of this. For many staff, it has also meant they are able to be more flexible with their working pattern in order to incorporate childcare whilst still getting their work done. Staff also commented on the ability for more family and leisure time whilst home working, for example using lunch breaks to spend time with the family, take their dog for a walk or sit in the garden. Some staff also said that they had been able to 'pursue activities which I wouldn't normally have time for', such as reading more and even learning Welsh in one instance. With regards to their health, several staff also mentioned that they had more time to exercise, were taking less sick leave, were able to manage conditions such as migraines better and were eating more healthily due to not buying food out as much.

"For the first time ever in my life I feel I have a much healthier work life balance"

"Working from home has benefitted my own mental health as I am not distracted by noise, work conversations or escalating situations in the office"

Another significant benefit that staff cited regarding working from home was the ability to carry out their work more effectively, with fewer distractions. Without the busy office environment, they were better able to concentrate and complete actions more quickly than before, without being interrupted. Space away from the office had also enabled staff to 'catch up on paperwork'. Staff also remarked that moving from in-person contact with clients to a telephone service has supported clients who would otherwise struggle to

attend appointments, and it is also much more efficient completing assessments this way. Some also expressed that dealing with angry or 'difficult' clients over the phone was much easier to manage.

However, it should be noted that of this 73.5%, several staff gave a 'mixed' response for whether the move had been beneficial, with a few answering the question 'yes and no'. Some staff said that a combination of working from home and in the office was the best combination, as it meant they were able to get the support of their colleagues whilst also minimising distractions. Many enjoyed the increase in free time but struggled with the social aspect, with one respondent saying 'I no longer have to travel to work BUT I do miss the office environment.' Another response stated that the move was 'beneficial more to the organisation but not clients.'

Working from home: The Drawbacks

Conversely, 26.5% of staff said the move to homeworking had not been beneficial for them.

Perhaps the most significant and concerning reason that staff shared was the challenging nature of the role, and often the emotional burden that comes with dealing with people in crisis. Many staff referred to the feeling of 'isolation', and that they had been more stressed since working from home; several staff felt that home working had a negative impact on their mental health. Staff expressed that the in-person support of their colleagues and managers was extremely valuable, and they provide a lot of emotional and moral support when work is difficult; without this staff struggle and miss the 'camaraderie' of the office. One person also commented that they had seen the 'disintegration in the cohesion of an otherwise close team', with another remarking that they felt management had not been supportive enough, and that there was 'very little transparency and the decision making has been poor.'

“Having colleagues to discuss options with, or to have second opinions on cases is invaluable”

“I have no work life balance as I feel my home is no longer my home”

Another issue that staff cited was how working from home had decreased their work-life balance, and meant they were working more hours and were less able to separate worktime and home-time. Staff commented that they were 'unable to switch off' and didn't take regular breaks as they felt 'guilty' having time away from the screen. One respondent said they were working 'up to 12 hours a day' for the first part of the pandemic, and that it was harder to put work down than before, as they would finish the working day when they left the office. Some staff also expressed that they did not have the space in their home to work remotely, and that they were 'working from the sofa using a TV table' or had to convert bedrooms into office space. Staff also mentioned technical difficulties with working from home, such as being unable to print off letters or post out forms, or having poor wi-fi connection if living rurally.

PROVIDING AN EFFECTIVE SERVICE TO CLIENTS

When asked if they felt they could deliver the service that people need, 53.4% of staff felt they were able to deliver an effective service.

Enabling Effectiveness

When explaining what had allowed them to be effective, several staff cited reasons related to time management, organisation, and putting in extra hours. Staff explained that taking proactive steps such as 'planning the week ahead' and 'keeping a list of cases and to-do actions' enabled them to stay on top of things and ensure nothing was missed. A few staff also mentioned that they had 'worked long hours' or had 'early starts' in order to manage their workload and had needed to be flexible and work outside core hours in order to provide an effective service.

“Dedication, application, prioritising and teamwork combined with effective team management”

Many staff reported that the support from their colleagues, managers and teams also played a big role in helping them to provide the service people need. One respondent explained that they have 'excellent leadership around me who are receptive, supportive and highly knowledgeable', whilst others said they felt 'supported by my organisation'. In addition, staff said they worked in 'positive' teams and could 'seek guidance from more experienced staff' which enabled them to be effective.

Several staff also commented that their extensive experience and knowledge had enabled them to be effective. Some staff said they received 'good training', whilst others said that their housing legislation knowledge and '15 years of experience working with people' meant they were competent within their roles. In addition to this, some staff felt that good use of IT and systems such as HCLIC, and the processes that their teams had in place to manage cases, had meant they provided a good service for clients.

A few staff also expressed that additional funding from Welsh Government had been essential, saying they had received 'more grants to be able to have more staff, this has allowed us to have an extra homeless officer, triage officer and a move on officer', which staff felt meant they were meeting the needs of clients.

“The funds from Welsh Government have been great and have allowed us to undertake work that we wanted to do previously but couldn't”

Barriers to Effectiveness

Many staff reported that the sheer number of cases they dealt with meant they were unable to be as effective as they would like. This led many staff to feeling like they couldn't 'complete meaningful work with everybody' and that 'we are not able to keep in regular contact with customers'. Several staff expressed the idea of 'firefighting' every day, and that 'everything is reactive, never proactive'; staff wanted to do more for clients by building genuine relationships and providing preventative advice, but simply were not able to.

“Too much work for too few people leading to a less efficient and effective service for clients”

Most staff also cited pressures in the housing sector as a significant barrier to working effectively and providing people with the service they need. The lack of temporary accommodation, as well as the lack of suitable social housing and PRS housing has made

staff feel that they are not able to deal with cases as they would like as they cannot always find appropriate accommodation solutions for clients. In particular, staff stated there was not enough 1 bedroom accommodation. Staff also reported that due to pressures across the PRS, the properties that are available are not affordable for clients at Local Housing Allowance rates. As a result, there is a 'lethargy from applicants in engaging with their personal housing plan' because there aren't suitable properties for them to search for.

Several respondents also reported that client demands were an issue when it came to providing an effective service. The lack of accommodation options has led many clients to become frustrated, making it harder for staff to manage their cases. Furthermore, some clients have 'unrealistic expectations' around what the Local Authority is able to offer them. One staff member felt that they were doing more things 'for' the client rather than 'with' them, meaning their support was not as effective as it could be.

"It feels like my clients are all sat in my tray waiting to move but there are not enough opportunities for them to move on"

HOW DOES WORK IMPACT STAFF SATISFACTION AND WELLBEING?

Is work satisfying?

Rather alarmingly, nearly half (47%) of staff said they do not feel a sense of satisfaction from their work.

For those who did experience a sense of satisfaction from their work, most staff stated that this was because they enjoyed helping people and felt a sense of pride that they were able to assist people and families who were struggling. Many staff recognised that being faced with homelessness was a 'very stressful' time in people's lives, so it was very rewarding to be able to prevent or relieve someone's homelessness. Staff were pleased to help people make 'a massive change for the better in their lives' and recognised that they were providing a 'vital service' for the people in their authority. It was encouraging to read the responses of so many staff who, despite challenges and pressures, were motivated by making a difference in the community and helping people who have nowhere else to turn.

"The sense of satisfaction is enormous, and the pride I feel after I have helped a client over a particularly difficult time in their lives gives me a massive sense of personal achievement"

Staff also commented that working with their colleagues and managers helped them to experience satisfaction in their roles. Staff spoke of working within 'amazing teams' and having colleagues who were 'positive, can-do people'. Other respondents also commented that they were well supported by managers, saying that 'managers always give good feedback' and that managers 'give praise for a job well done.'

For staff who said they did not find work satisfying, a commonly cited reason for this was due to the pressures in the housing sector making staff feel like they are not providing a good service to people. Many staff reported being unable to relieve homelessness for clients, as they were 'unable to find suitable, affordable housing', and struggled with having to continually tell clients that they could not accommodate them. One respondent said they felt there was 'no hope' due to the lack of housing, and that there was no 'good news or motivation' to give to clients, which made them resent the role. Similarly, many staff remarked that they were not providing the quality of service they would like to, as they were not able to give enough time and attention to each client, and then weren't able to offer clients the accommodation they need. A few staff also stated that they had 'enjoyed work before Covid-19' and previously had a good handle on their caseload, however now felt that the job had completely changed and 'was not what they signed up for'.

“With inadequate supply of affordable housing I am at a loss – how can we resolve people’s homelessness? Satisfaction comes from positive outcomes”

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Another commonly reported reason for staff not feeling a sense of satisfaction in their work was due to the lack of appreciation, support, or thanks they received in return for their hard work. Staff said they often felt 'undervalued' or received 'no thanks' from more senior members of their organisation. Adding to this, a few staff reported feeling 'burnt out' and being under constant stress, and that this was not understood or appreciated.

“I feel overworked, undervalued, underpaid, and unsupported...to be honest I almost hate the job I used to love.”

Furthermore, a handful of staff felt that they were sometimes 'undermined' or 'questioned' by other agencies or professionals, and that their expectations of what staff would be able to do were simply not realistic.

Does work impact wellbeing?

Even more concerning than staff views on satisfaction was their feedback on their mental health and wellbeing: 77% of staff said that work negatively impacted their wellbeing.

“My mental health is the worst it has ever been, and the main trigger is work”

One of the main reasons given for this was the impact which work had on mood, mental health, and stress. Many staff reported feeling 'anxious and stressed' most of the time, whilst others cited that there was 'constant pressure'. Furthermore, many staff reported suffering from serious mental health difficulties during this time, with some saying that they had seen their GP and been prescribed medication for anxiety and depression. Staff described crying frequently regarding work, and that this low mood was also impacting their family life. Many staff also reported the issue of not being able to switch off at the end of the day, particularly when working from home. Some staff said they had 'sleepless nights' worrying about clients, or that they had a 'sense of dread' on a Sunday night thinking of going back to work. Staff also reported the physical impact of work on their wellbeing, such as headaches, lack of sleep and tiredness.

“I have hardly had any time off since I started with the Authority 18 years ago, recently I had a full week off sick, the longest time ever off in the whole of my work history. I was exhausted.”

“Being sworn at and told that we are a waste of time by clients does nothing for my self-worth”

Many staff also expressed that interactions with challenging and sometimes abusive clients also had a detrimental impact on their wellbeing. Several staff reported ‘receiving abuse from clients’ or being ‘shouted at down the phone’, and that they felt like the ‘subject of customers’ frustration and anger’. Staff felt that dealing with traumatic cases or hearing about upsetting situations also had an impact on their wellbeing.

Can staff get the support they need?

88.9% of staff said they could get support in their role if they needed it, whilst 71% of staff said the offer of support was sufficient. When asked about the type of support that was on offer, staff cited generic support within their roles and teams, as well as more specific support available outside of work.

Many staff said that the support of their colleagues and managers was very good, and that managers had been ‘very supportive’ and given staff help and understanding when they needed it. In some cases, managers had also tried to reduce staff’s workload if someone was struggling. However, some staff did say that whilst they did feel their managers were supportive, there was only so much that they could do to reduce their workload, or that staff felt guilty for asking as they were ‘conscious that managers are also under pressure so don’t want to add to it unless absolutely necessary’.

“Management have been great and provided me with time to complete my counselling where needed”

Staff also said that they knew their managers could help to refer them to more specific or tailored support, such as occupational health, counselling, employee assistance programmes, training courses run by internal HR teams, and referrals to CareFirst.

Why have so many staff considered leaving their roles during this time?

54% of those asked said they had considered leaving their role since March 2020. Unsurprisingly, many of the reasons given by staff echoed previous comments made throughout the survey, particularly regarding excessive workload and frustrations over not being able to do their job effectively.

“The pressure has become too high and shows no signs of easing in the future”

As before, staff said that the ‘workload was intense’, and that pressure was very high due to the high level of demand within the sector. As a result, staff often felt they didn’t have a good work-life balance and couldn’t ‘keep up the pace’ for much longer. Simply put, staff felt that they ‘couldn’t continue to do the role’ anymore, particularly as there was no indication that workload would decrease or that things would ‘calm down’, but instead staff felt that the situation was likely to worsen. Furthermore, staff spoke of the frustration at not being able to secure housing for people as they would like to, due to both the high workload as well as scarcity of suitable accommodation.

Many staff also expressed that they felt that they were not remunerated adequately for the level of work they were doing. Many said that ‘the pay I get does not match the level of stress’, and that ‘we are not paid sufficiently to reflect our role’. Others also spoke of the unfairness they perceived around pay, for example being ‘low paid compared to other services in our directorate’, or that due to WG payments for social workers, ‘some of our team will get the money and others won’t’. Some staff also said that there was a lack of security in their role, as they were on temporary contracts or rolling contracts that were not guaranteed, so wanted something more permanent.

“There is much less pressured work you could be doing for the same level of pay”

WHAT NEEDS TO CHANGE?

In the final part of the survey, staff were asked what they would change about their work for the conditions to improve.

More staff to reduce caseloads

Many staff suggested that more staff needed to be employed within their teams, in order to reduce caseloads and make them more ‘manageable’. A few remarked that they would welcome more Housing Solutions Officers, and a dedicated Administrative Officer to handle paperwork demands. Staff said that more funding was needed in order to do this.

Availability and access to housing and accommodation

A significant number of staff cited needing more accommodation of varying kinds in order to meet the needs of clients and enable staff to do their jobs effectively. Staff stated that ‘more affordable housing in both the private sector and social housing’ was needed, as well as more 1-bed accommodation. Staff also said that a greater variety of accommodation was needed, for example more supported accommodation for those with mental health needs, or prison leavers. It seemed that staff felt a new approach to providing accommodation was needed for solutions to be long term and sustainable.

“Reassess temporary accommodation and how this can be introduced within Local Authorities. B&Bs are not the answer!”

“I can’t believe that an Authority as big as ours has no suitable accommodation for someone with a long-term enduring mental health illness”

Greater variety of support available for clients

A few staff remarked that they felt there was a lack of support available for clients, which in turn meant they were more likely to lose their tenancies. Staff specifically said that more mental health support, as well as drug and alcohol services, would greatly benefit clients, and that more accommodation with this kind of support built in was also needed.

More hybrid working solutions

Many staff stated that they wanted to be able to return to the office, at least for a few days a week, and have more flexibility about where they worked. Several staff also wanted ‘more face-to-face work’, both with their own colleagues and with their clients. Conversely, other staff had significantly preferred working from home. What was evident that staff wanted to have

more choice and control over how they split their time between home and the office. Staff also would like better IT at home, such as printers and more access to different systems which they could use to contact clients.

Improved partnership working

Several staff cited difficulties in their working relationships with partner agencies and charities. Staff said they wanted more 'understanding' and 'consistency' from these agencies, and more direct lines to share information. Staff often felt these agencies were working against them, rather than with them, in order to alleviate homelessness. In relation to this, staff also wanted more 'backing' from Heads of Service and managers, particularly when issues arose from councillors or other departments.

Legislation and Communication from Welsh Government

Several staff also called for a change in the way that guidance meant they could carry out their duties. Staff wanted the ability to close cases and issue notice when applicants were not engaging with the service, or consequences for individuals who not comply or work with Local Authority staff. Staff also felt that something needed to be done regarding the change to priority need legislation, as they were concerned that something was needed to 'protect those vulnerable applicants previously prioritised'. Staff were also adamant that Welsh Government needed to have a 'full and realistic front-line knowledge of the issues that people are facing in Wales'.

CONCLUSION

The views of the Local Authority operational staff are hugely important, and it is imperative that their voices are heard. We are at risk of losing a large cohort of staff, as many are burnt out and struggling to continue working under the pressures of high caseloads, increasing demand and depleting funds, particularly with no end in sight to the current way of working. We cannot provide effective housing and homelessness services to anyone without sufficient numbers of high-quality, well-trained and supported staff in place.

It would be prudent both for Welsh Government and senior leaders within organisations to listen to these concerns and address them with some urgency. Whilst it is recognised that the availability of affordable housing cannot be changed immediately, and there is a large scale, multi-agency effort in place to provide more housing stock in the long term, staff need interim measures in place to support their practice whilst this happens. Many teams feel they are currently at crisis point and are deeply concerned for what will happen once the hardship grant funding ends in March 2022.

It is important to stress that staff are **not** saying they do not want to help people, or that they don't think all the people who access their service need support, or that it isn't a priority to house everyone who presents as homeless. It would be unfair to characterise their response in this way. Staff expressed that what they love about their jobs is being able to help people in crisis, supporting people to achieve positive outcomes, and feel like they are making communities better. What they **are** saying is that in order to house people quickly and offer citizens an effective service, more resources and time are required to facilitate this approach.

RECOMMENDATIONS AND NEXT STEPS

For Welsh Government

- Ensure the voices of Local Authority operational staff are heard on Welsh Government working groups (in particular those looking at workforce development and priority need)
- Provide timely and clear instruction on future funding to replace the Hardship Grant.
- Allow time before any further changes to policy for teams to manage and get on top of current workload
- Consider options for clients who refuse help or offers of accommodation
- Work with Local Authority colleagues to develop a recruitment campaign to attract high quality staff to the homelessness sector
- Strengthening the legal duty to cooperate to ensure that support can be sourced from the appropriate services at the right time (e.g. Health, social care, substance misuse)
- Consider bench-marking a maximum FTW staff caseload number

For Local Authorities

- Ensure staff teams are of sufficient capacity to meet the demands on the service
- Dealing with homelessness must be a corporate, organisation-wide response
- Provide operational staff with regular clinical supervision and PIE training
- Ensure all staff are aware of the wellbeing services provided by the Local Authority and how to access these
- Consider the impacts on staff well-being when developing plans to move back to office working - consider a hybrid approach

Appendix 1

Copy of the questionnaire distributed to staff. This was available in English and Welsh.

Caseworker questionnaire

1. Which Local Authority do you work in?
2. Please give your job title or a brief description of your role.
3. Has the number of cases you are working on gone up in the last year? Yes/No
If yes, do you think it has gone up slightly or a lot?
If no, do you think it has gone down slightly or a lot?
Please expand on your answer:
4. Has the type of cases you are working on changed in the last year? Yes/No
If so, how has it changed?
5. Were you clear on who you were to assess and place as a result of the Covid-19 guidance issued by WG Yes/No?
6. How have the changes to the definition of vulnerable due to Covid-19 and the impacts on priority need affected your work?
7. What do you think the impacts would be if priority need was removed permanently?
8. Do you feel the move to home-working has been beneficial for you Yes/No?
Why?
9. Do you feel your current caseload is manageable? Yes/No
Why?
10. What would you consider to be an optimum caseload?
11. Do you feel you can deliver the service people need (are you effective) Yes/No?
What has allowed you to be effective?
What are the barriers to you being effective?
12. Do you feel a sense of satisfaction in your work currently Yes/No?
Why?
13. Do you feel your work affects your sense of wellbeing Yes/No?
How?/Why not?
14. Can you get support in your role if you need it? Yes/No
If yes, what support is on offer?
15. Do you feel the level of support on offer is sufficient Yes/No?
16. Have you considered leaving your current role in the last 18 months Yes/No?
Why?
17. If you could change one thing that would make your work easier / more effective what would it be?